

DEPLOYMENT CYCLE SUPPORT (DCS) CHECKLIST

For use of this form, see DA PAM 600-81 and AR 600-8-101; This form is subject to the Privacy Act of 1974. IAW PL 53-579, 1974. SEE 5 USC 552a; the proponent agency is ODCS G-1.

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out and Mobilization Processing); and EON 9397 (SSM)

PURPOSE: To provide a standardized means to validate Soldiers and Civilians for deployment cycle support and unit reconstitution.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

DISCLOSURE: Voluntary; however, failure to update and confirm information is correct may impede processing time and DCS status of individual.

The DCS checklist is filed in the DCS Packet to complete the action. A copy remains at the losing organization.

1. Date (YYYYMMDD)		2. Name (<i>Last, First Middle</i>)				3. SSN	
4. Service Affiliation		5. Component		6. Status		7. Pay Plan/Grade	
<input type="checkbox"/> USA	<input type="checkbox"/> USCG	<input type="checkbox"/> Active	<input type="checkbox"/> TPU	<input type="checkbox"/> RET			8. Mobilization Deployment Center
<input type="checkbox"/> USN	<input type="checkbox"/> PHS	<input type="checkbox"/> Guard	<input type="checkbox"/> IRR	<input type="checkbox"/> NG10			
<input type="checkbox"/> USAF	<input type="checkbox"/> NOAA	<input type="checkbox"/> Reserve	<input type="checkbox"/> IMA	<input type="checkbox"/> NG32			
<input type="checkbox"/> USMC	<input type="checkbox"/> Non-Military	<input type="checkbox"/> AGR	<input type="checkbox"/>	<input type="checkbox"/>			
9. Non-Military Status				10. Travel Status			
<input type="checkbox"/> DOD	<input type="checkbox"/> Contractor	<input type="checkbox"/> AAFES		<input type="checkbox"/> a. Unit Order		11. Date Of Birth (YYYYMMDD)	
<input type="checkbox"/> DAC	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> b. Individual			
12. Date Arrived In Theater		13. MACOM				14. Citizenship Country	
15. Redeployment Date		16. REFRAD Date (YYYYMMDD)				17. Deployed Country	
18. Parent UIC		19. DUIC		20. Unit DSN Phone Number		21. CONUS Replacement Center	

22. OVERALL STATUS OF EACH SECTION

a. DCS Validation	b. Theater Requirements	c. Phase 1 Redeployment	d. Phase 2 Post-Deployment	e. Phase 3 Reconstitution
<input type="checkbox"/> GO <input type="checkbox"/> NO-GO	<input type="checkbox"/> GO <input type="checkbox"/> NO-GO	<input type="checkbox"/> GO <input type="checkbox"/> NO-GO	<input type="checkbox"/> GO <input type="checkbox"/> NO-GO	<input type="checkbox"/> GO <input type="checkbox"/> NO-GO

SECTION I — DCS VALIDATION

Part A. Accuracy Statement: I understand I am certified for reconstitution and, to the best of my knowledge, all information contained in this document is correct and accurate.

1. Signature of Individual	2. Rank	3. Title
----------------------------	---------	----------

Part B. First Line Leader/ Immediate Supervisor's Authentication. I have authenticated the information contained in this checklist as correct and accurate. **Remarks:**

4. Printed Name (<i>Supervisor</i>)		5. Rank	6. Title	7. Signature
8. Date	9. Unit		10. Address	
11. Phone Number	12. E-mail Address		13. DSN Number	14. Fax Number

Part C. Commander's Acknowledgement: (*Commanders may approve an individual for reconstitution based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.*) I acknowledge the checklist findings. **Remarks:**

15. Printed Name (<i>CDR or AG</i>)		16. Rank	17. Title	18. Signature
19. Date	20. Unit		21. Address	
22. Phone Number	23. E-mail Address		24. DSN Number	25. Fax Number

Part D. DCS Validation: ALL deployment cycle support requirements are updated and completed.

26. Printed Name (<i>Validating Official</i>)		27. Rank	28. Title	29. Signature
30. Date	31. Unit		32. Address	
33. Phone Number	34. E-mail Address		35. DSN Number	36. Fax Number

NAME (Last, First, Middle)		SSN			
ITEM		DCS VALIDATION			
		GO	NO GO	NA	DATE (YYYYMMDD)
SECTION II – THEATER REQUIREMENTS					
A. Personnel		DCS TASK #			
1. Mail Card, DD Form 3955, completed/submitted					
2. Hometown News Release completed/submitted					
3. Identification Tags in Soldier's possession					
4. Common Access Card (CAC) in Soldier's possession					
5. Awards, DA Form 638, completed/submitted as required					
6. Deployment TCS Orders completed as required					
7. Activation Orders (USAR only) completed					
8. Leave Control Log (w/DA Form 31) (USAR only) completed					
9. DD Form 214 Worksheet completed					
B. Finance					
10. Unresolved Pay Issues submitted					
11a. SIGNATURE OF CERTIFYING OFFICIAL	11b. RANK/TITLE	11c. DATE (YYYYMMDD)			
SECTION III – PHASE 1 – REDEPLOYMENT					
A. Commander		DCS TASK #			
1. Risk Reduction using reintegration tip card completed		1.1.1			
2. Soldier Normalization of Experiences Debriefing completed		1.1.5			
3. Investigations (AR 15-6. ROS, LOD, etc.) initiated/completed		1.2.1			
4. Reunion/Homecoming activities (home station) planned/coordinated		1.2.2			
5. OERs/NCOERs initiated		1.2.3			
6. DCS Information Briefing completed		1.2.4			
7. Redeployment Roster completed		1.4.2			
B. Personnel					
8. Records updated (incl OERs/NCOERs if required)		1.2.3			
9. RDC Contact provided		1.4.1			
10. Army Field Information System transactions submitted (DD 93/SGLV 8260)		1.4.2			
11. DEMOB – Civilian Accountability System updated (ex.: CIVTRACKS)		1.4.3			
12. Common Access Card (CAC)/Determine DEERS eligibility status completed					
13. Promotions/Awards/Orders during mobilization documented					
14. DD Form 214 prepared & hand delivered or mailed (except Title 10 AGR)					
15. Postal Change of Address updated (DA Form 3955)					
16. Family Care Plan certified/updated (DA Form 5305-R)					
17. PERSTEMPO days input into PESTEMPO web-site completed					
C. Finance/Legal					
18. Initial info on taxes, transition entitlements, legal rights / SSCRA, USERA, travel settlement, document review, etc. provided		1.4.4			
D. Medical					
19. Redeployment Medical Threat Briefing received		1.1.4			
20. Exposures in Theater documented (DD 2796)		1.1.6			
21. DD Form 261, LOD, completed (if required)		1.2.1			
22. Any recently acquired negative health related problems identified		1.3.1			

NAME (Last, First, Middle)		SSN			
ITEM		DCS VALIDATION			
		GO	NO GO	NA	DATE (YYYYMMDD)
SECTION III – PHASE 1 – REDEPLOYMENT (Continued)					
D. Medical (Continued)		DCS TASK #			
23. Individuals with deployment-related problems referred for assistance		1.3.2			
24. Deployment-related health problems treated & documented		1.3.3			
25. Behavioral Health assets made available in RAA		1.3.4			
E. Dental					
26. DD Forms 2796 & 2797 dental record/care (while on active duty) reviewed					
27. LODs, DA Form 2173, and DD Form 261 completed as required					
F. Chaplain					
28. Reunion Briefing received		1.1.2			
29. Suicide Awareness Briefing received		1.1.3			
30a. SIGNATURE OF CERTIFYING OFFICIAL	30b. RANK/TITLE	30c. DATE (YYYYMMDD)			
SECTION IV – PHASE 2 – POST-DEPLOYMENT					
A. Commander		DCS TASK #			
1. Single Soldiers without support systems identified		2.2.1			
2. Leave schedule published in time allowing Soldiers to plan		2.2.2			
3. Civilian time-off award considered		2.2.4			
4. Reunion/homecoming ceremonies/activities executed		2.2.5			
5. All investigations (LOD, AR 15-6, ROS, etc) completed		2.2.8			
6. OERs / NCOERs / unit & individual awards completed		2.2.9			
7. Disciplinary and adverse administrative actions finalized		2.2.11			
8. Financial training and assistance provided as required		2.2.13			
9. Employers invited/involved in Home Station Wrap-Up		2.2.14			
10. RC Soldiers prepared for reintegration into civilian workplaces		2.4.14			
B. Personnel					
11. Safety briefings received (min: POV, Alcohol, Water Sports, STD)		2.1.13			
12. Driver / safety training revalidated		2.1.14			
13. RC Soldiers' leave taken prior to REFRAD		2.2.3			
14. Army Field Information System transactions submitted		2.2.6			
15. DEMOB updated in civilian accountability system (CIVTRACKS)		2.2.7			
16. Individualized career counseling provided (DD Form 2648)		2.2.10			
17. RC Soldiers advised on 18-year sanctuary (retirement)		2.4.2			
18. DACs informed on OWCP process for occupational illness & injury reporting.		2.4.3			
19. Briefed on impact of personnel policies (STOP LOSS, etc.)		2.4.4			
20. Reenrolled in MGI Bill and state TA programs as required		2.4.15			
21. Soldiers not separated under ETS/REFRAD until DCS requirements met		2.4.16			
C. Finance					
22. Provided information on transition entitlements / legal rights / SSRCA etc		2.4.1			
23. Received Finance / AER briefings		2.4.5			
24. Transferred from AC to RC for pay purposes		2.4.6			
25. Allotments changed as required		2.4.7			

NAME (Last, First, Middle)		SSN			
ITEM		DCS VALIDATION			
		GO	NO GO	NA	DATE (YYYYMMDD)
SECTION IV – PHASE 2 – POST-DEPLOYMENT (Continued)					
C. Finance (Continued)		DCS TASK #			
26. BAH adjusted as required		2.4.8			
27. Gov Travel Card activated/deactivated		2.4.9			
28. Entitlements verified					
29. Orders (MOB) (Cross Level) provided					
30. BAS (DA Form 4187 – Enlisted only) verified/updated					
31. Family Separation Allowance (FSA – DD Form 1561) verified/updated					
32. Allotments (DD Form 2558) verified/updated					
33. Direct Deposit (SF 1159) verified/updated					
34. Thrift Savings Plan verified/updated					
35. Savings Deposit Program (SDP – DD Form 1131) verified/updated					
36. SGLI (SGLV 8286) verified/updated					
37. State of Legal Residence (DD Form 2058) verified/updated					
38. Special Pay/Incentive Pay (Bonus, FLPP, Jump, etc.) verified/updated					
D. Legal					
39. Information on transition entitlements / legal rights / SSRCA, etc. provided		2.4.1			
40. Briefing on SSRCA received		2.4.13			
41. Claims for personal property lost in shipment or while in storage processed		2.5.3			
E. Medical					
42. Health Threat Briefing completed		2.1.3			
43. Distress Signs & Symptoms Briefing completed		2.1.4			
44. Post-Deployment Stress Briefing and information received		2.1.5			
45. Normalization of Experiences Briefing completed		2.1.6			
46. MMRB/MEB/PEB conducted/completed as required		2.2.12			
47. TB Screening (Initial TB test and 90-day TB test) performed		2.3.1			
48. All appropriate healthcare-related assessments and treatments completed and recorded, as appropriate, on DD Forms 2795/96/97		2.3.4			
49. Serum specimens drawn within 30 days of return to DEMOB Station (RC) or Home Station (AC)		2.3.5			
50. Adverse or potentially adverse exposures or negative health-related behaviors continue to be assessed, treated, and documented		2.3.6			
51. Medical Record Review completed		2.3.7			
52. Behavioral health records screened as appropriate		2.3.8			
53. Permanent health record updated with deployment health records		2.3.9			
54. DD 3349 (Medical Profile) completed prior to release		2.3.10			
55. ADME requested as required		2.3.11			
56. Health care for deployment-connected conditions extended to DA civilians		2.3.12			
57. Intervention against non-criminal abusive behavior completed		2.3.13			
58. Briefing on TRICARE benefits completed		2.4.10			
F. Chaplain					
59. Reunion training received		2.1.1			
60. Suicide Awareness & Prevention Training received		2.1.2			
61. Training on changes in relationships received		2.1.9			

NAME (Last, First, Middle)		SSN			
ITEM		DCS VALIDATION			
		GO	NO GO	NA	DATE (YYYYMMDD)
SECTION IV – PHASE 2 – POST-DEPLOYMENT (Continued)					
F. Chaplain (Continued)		DCS TASK #			
62. Training on communications with children received		2.1.11			
63. Marital enrichment assessment instrument taken by married Soldiers		2.1.12			
64. Families with high levels of reported stress / separation issues identified		2.5.1			
65. Spouses provided opportunity to take a marital assessment instrument		2.5.2			
66a. SIGNATURE OF CERTIFYING OFFICIAL	66b. RANK/TITLE	66c. DATE (YYYYMMDD)			
SECTION V – PHASE 3 – RECONSTITUTION					
A. Commander		DCS TASK #			
1. Time for Soldiers' readjustment provided		3.2.1			
2. Leader counseling conducted after block leave periods, with DCS considerations integrated		3.2.2			
3. All redeploying RC units conducted command climate survey instrument		3.2.3			
4. Family day activities conducted as close to redeployment date as possible		3.2.5			
5. RC Soldiers prepared for reintegration into civilian workplaces		3.2.6			
B. Personnel					
6. EAP counselors continued to assess self-referred post-demob RC/FMs for deployment-related problems; referred serious problems for medical treatment		3.4.2			
7. EAP services to include face-to-face counseling, off-post, and after normal duty hours continued for AC/RC, Family Members and civilians		3.4.3			
8. EAP Counselors continued to support AC & RC family members with deployment-related stress		3.4.4			
C. Legal					
9. Legal assistance provided to RC members on legal problems arising from, or aggravated by, mobilization		3.4.9			
D. Medical					
10. Any outstanding MERBs, MEBs, or PEBs completed		3.2.4			
11. 90-day TB testing requirements completed		3.3.1			
12. Any serum specimen requirements completed		3.3.2			
13. Individual's permanent health record updated with deployment health records		3.3.3			
14. TRICARE benefits briefing provided as required		3.4.8			
E. Chaplain					
15. Married redeploying Soldiers completed task to take a marital assessment instrument		3.1.1			
16. Spouses provided chance to take a marital assessment instrument (AC only)		3.4.6			
17. Voluntary marriage education / enrichment workshops provided (AC only)		3.4.7			
18. Applied Suicide Intervention Skills Training (ASIST) conducted in all units		3.6.1			
19a. SIGNATURE OF CERTIFYING OFFICIAL	19b. RANK/TITLE	19c. DATE (YYYYMMDD)			